CANDIDATE / OFFICEHOLDER	REPORT:
DESIGNATION OF FINAL REPO	RT

FORM C/OH - FR

	DESIGNATION OF FINAL REPORT							
	The Ins	struction Guide plete only if "F	explains Report Typ	how to complete this form. pe" on page 1 is marked "Final Report" ↔				
1	C/OH N	AME			2 ACCOUNT # (Ethics Commission filers)			
			M.	PROVOST				
3	SIGNA	TURE						
	a repo	ort as a final report	terminates	Intributions or political expenditures in connection with my or my campaign treasurer appointment. I also understant expenditures without a campaign treasurer appointment or Signature.	d that I may not accept any campaign			
4		WHO IS NOT						
	Com	piete A & B below	only if you	u are a candidate ↔				
	A.	CAMPAIGN FUI	NDS					
	Check	conly one:						
		I do not have unex	pended con	ntributions or unexpended interest or income earned from p	political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	в.	ASSETS						
	Check	only one:						
		I do not retain asse	ets purchas	ed with political contributions or interest or other income fr	om political contributions.			
		may not convert as	ssets purch tand that I r	with political contributions or interest or other income from pased with political contributions or interest or other incomnust dispose of assets purchased with political contribution	e from political contributions to personal			
				Sur	Signature of Candidate			
5		EHOLDER plete this section	only if you	ı are an officeholder ↔				
		I am aware that I re	emain subjec	at to filing requirements applicable to an official older who doe	not have a campaign treasurer on file.			
				ONA CTERM				
				A GERVAL VALONIO BECEIAED	Signature of Officeholder			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI	OFFICE USE ONLY
NOME.	NICKNAME LAST SUFFIX	Date Received
	MIKE PROVOST	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE 267 HARROW DR, SAN ANTONY	
Change of Address	TX 78227	Date Hand-delivered or Date Postmarked
⁵ CAMPAIGN TREASURER	TITLE FIRST MI PHYLLIS	
NAME	NICKNAME LAST SUFFIX	Receipt # Amount Date Processed
	PROVOST	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 267 HARROW DR, SAN ANTONIO, T	ZIP CODE X 78227
7 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(210) 673-9924	
8 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year Month Day 4/26/2001 THROUGH 6/23/	Year 2 001
10 ELECTION	ELECTION DATE Month Day Year 5/5/2001 Primary Runoff	General Special
11 OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if known City Counc	il District 4
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the cano Candidates are required to disclose this information only if they receive notification of the direct	lidate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	Name /A	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages	In :E d 82 P	hai 100Z
	AA CHEKK : 379 VALONIO 2 3DA9 OT OD ROGINE D	10 13 A110 15

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

GEORGE	M. PR	ovost	15 ACCOUNT # (Etnics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	This listing inclu have been made will information only if the	des political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates by receive notice of such expenditures.	I te / officeholder. These expenditures may and officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	. •
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if r	o reportable activity occurred during this reporting period. (Sign affidavit bel	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ O
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$100
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ O
	4. TOTAL	POLITICAL EXPENDITURES	\$ 800.03
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$3,706.72
19 AFFIDAVIT		,	
VE!	RONICA A. JACKSO NOTARY PUBLIC STATE OF TEXAS Comm. Exp. 08-16-20		erjury, that the accompanying report formation required to be reported by
AFFIX NOTARY STAMP	SEAL ABOVE	† : E 82 MH, 1002	ate or Officeholder
Swom to and subscribed by 18 2001, to certify which	efore me, by the said	George M. PRINGST this the	28 day of WNE.
Signature of officer admi	Myn inistering oath	Print name of officer administering oath Title	Notary of officer administering oath
Printed on recycled paper		Time	or ornicer administering dath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS CIOH, CIOH-SS, SC-CIOH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	Guide explains how to complete this form.		1 Total pages this S	Schedule A1:		
2 FILER NAME GEORG	E M. PROVOST		3 ACCOUNT # (Eth	ics Commission filers)		
4 Date 5-5-01	5 Full name of contributor Out-of-state PAC (ID#:_ ALBERTO MADRID 6 Contributor address; City, State: Zip Code 1349 Deer Ridge League City, TX 7		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9 Principal occur	pation (Optional)	10 Employer (Option				
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Option	al)			
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Optional)				
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Optional)				
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Option	nai)			
lf contr	ATTACH ADDITIONAL COPIE		dditional reporti	ing requirements.		

PLEDG	ED CONTRIBUTIONS	(FOR FORMS C/OH	SCHEDULE B1 , sc-c/oh, sc-spac, & spac)
The INSTRUCT	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	GÉ M. PROVOST		3 ACCOUNT # (E	thics Commission filers)
4 TO	TAL OF UNITEMIZED PLEDGES: ⇔	D D	⇒ ⇒	\$
5 Date	6 Full name of piedgor ☐ out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
N/A	7 Pledgor address; City: State; Zip Cod	e		
10 Principal occu	upation (optional)	11 Employer (optiona	i)	<u> </u>
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod	• • • • • • • • • • • • • • • • • • •		- - - - - - -
Principal occi	upation (optional)	Employer (optional	()	j
Date	Full name of pledgor out-of-state PAC (ID#:) 	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation (optional)	Employer (optional))	
Date	Full name of pledgorout-of-state PAC (ID#:	e	Amount of pledge (\$)	In-kind description (if applicable)
Principal occi	upation (optional)	Employer (optional)	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Cod	e	Amount of pledge (\$)	In-kind description (if applicable)
Principal occi	upation (optional) Z † : C	3 Employer (detiona	()	
If con	ATTACH ADDITIONAL CORIF tributor is out-of-state PAC, please see inst	ruction guide for ac	S NEEDED Iditional report	ting requirements.

POLITI	CAL EXPENDIT	URES			SCHEDULE F
The Instruction	N Guide explains how to con	plete this form.		1 Total pages	s Schedule F:
2 FILER NAME GEO	RGE M	PROVOST		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·		7 Amount (\$)
	6 Payee address;	City; State; Zip Code			
8 Purpose of pay required.)	ment (See instructions regard	ing type of information	9 Complete if dir Candidate / Officeholder n		to benefit C/OH ** Office sought Office held
Date	Payee name				Amount (\$)
	Payee address;	City; State; Zip Code			
Purpose of pay required.)	ment (See instructions regard	ing type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Date	Payee name				Amount (\$)
		City; State; Zip Code			
Purpose of pay required.)	ment (See instructions regard	ng type of information	Complete if dir Candidate / Officeholder n		to benefit C/OH ** Office sought Office held
Date	Payee name				Amount (\$)
	Payee address;	City; State; Zip Code		 	: ·
Purpose of pay required.)	rment (See instructions regard	ing type of information	Complete if dir Candidate / Officeholder n Z 1 : € ☐ 8 Z	ame	to benefit C/OH Office sought Office held
	ATTACH	ADDITIONAL COPIES	A DEBK We za wrogiało t to s Gelaed	EEDEDIO	

LOANS

SCHEDULE E

The Instruction Gu	IDE explains how to complete this form.	1 Total pages Sch	edule E:
2 FILER NAME GEORG	E M. PROVOST	3 ACCOUNT# (E	hics Commission filers)
4 TOTAL OF UI	NITEMIZED LOANS: ⇔ ⇔ ⇔	\$	\$
5 Date of Ioan 2/10/01	7 Name of lender		9 Loan Amount (5) 7/1.27
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 267 HAR ROW DR		10 Interest rate
Y 🔞	San Antonio, Tx 78227		11 Maturity date
12 Description of Collate	eral		
13 GUARANTOR INFORMATION	14 Name of guarantor	Vo. 6.1	16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State; Zip Code	ř.	
17 Principal Occupation	18 Employer		<u>I</u>
Date of loan 4/11/2001	Name of lender		Loan Amount (5) 22 95, 42
Is lender a financial Institution?	Lender address; City: State; Zin Code 267 HARROW DR.		Interest rate
Y (1)	SAN ANTONIO, TX 78227		Maturity date
Description of Collate	ral		
GUARANTOR INFORMATION	Name of guarantor	· ·	Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip Code		
Principal Occupation	2 th :Employer 8 Z 1892 19	37	
	OINOTAR PARTONIO AREAO Y FIRE	3	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS				SCHEDULE E
The Instruction Guid	E explains how to complete this form.		1 Total pages Sche	dule E: 2 2
2 FILER NAME GEORGE	M. PROVOST	•	3 ACCOUNT # (Eth	ics Commission filers)
4 TOTA	OF UNITEMIZED LOANS:	\$ \$\disp\ \disp\ \dinp\ \ding\ \din	\$	\$
5 Date of loan 5/2/2001	7 Name of lender George M. PROV	out-of-state PAC (ID#:)	9 Loan Amount (\$) 800.03
6 is lender a financial institution?	8 Lender address; City: State; 2 267 HARROW J			10 interest rate
Y 🔞	San Antonio, To	x 78227		11 Maturity date
12 Description of Collate	ral			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State; 2			
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
is lender a financial institution?	Lender address; City; State; Z			Interest rate
Y N				Maturity date
Description of Collate	ral			
GUARANTOR INFORMATION	Name of guarantor	······································		Amount Guaranteed (\$)
not applicable				
Principal Occupation		Employer		± -
lf lender	PS GAMGITISTA STANTA Interior see seesiq , DAP state-fo-tuo si SVA CHERK SVA VALONIO BOSIAED	ruction guide for add	AS NEEDED itional reporting	requirements.

POLITICAL EXPENDITURES

c	\sim	t I	_	_			F	_
J	u	ก	_	LJ	ι	11	-	

	истом Guide explains how	to complete	e this form.		1	Total pages	Schedule F:
FILER N	BEOR GE	M.	PROVI	OST	3	ACCOUNT	# (Ethics Commission filers)
Date	5 Payee name		771070				
•							7 Amount (S)
	6 Payee address;	City; s	State; Zip Cod	e	•••••	• • • • • • • • • •	, (0)
Purpose o	f expenditure						
	•			9 · Complete if direct Candidate / Officeh	t expendit older nam	ure to benefii e	C/OH •• Office sought / held
Date	Payee name						
	i ayee name						Amount
		•••••					(\$)
	Payee address;	City; S	tate; Zip Code	······································	• • • • • • •	•••••	
Purpose of	expenditure			T			
	•			·· Complete if direct Candidate / Officeho	expenditu	re to benefit	C/OH
				- Indicate / Officerio	ider name		Office sought / held
Date	Payee name						
							Amount
	Payee address:	City: St.		*************			(\$)
		City, Sta	ate; Zip Code				
	expenditure			· Complete if direct e	Yoandilur.	a to bone 51 C	/O.I.
rurpose of e					~ p c o . (a .)	o penent C	Office sought / held
	•			Candidate / Officehold	fer name		Office sought / held
				Candidate / Officehold	er name		Onice sought / heid
				Candidate / Officehold	der name		Office Sought / neid
	Payee name			Candidate / Officehold	der name		
	Payee name			Candidate / Officehold	der name	.	Amount (\$)
		City; Stal	le; Zip Code	Candidate / Officehold	der name		Amount
	Payee name	City; Stat	te; Zip Code	Candidate / Officehold	der name		Amount
	Payee name	City; Stat		Candidate / Officehold	der name		Amount
Date	Payee name Payee address;	City; Stat		Candidate / Officehold	der name		Amount
	Payee name Payee address;	City; Stat		Candidate / Officehold The School Sc	1997	to benefit C/	Amount (\$)
Date	Payee name Payee address;	City; Stat		Candidate / Officehold The School Sc	1997	to benefit C/	Amount (\$) OH •• Office sought / held
Date	Payee name Payee address;	City; Star		Zh : E cl 87 MM	1997	to benefit C/	Amount (\$)

POLITICAL EXPENDITURES

SCHEDULE G

MADE FROM PERSONAL FUNDS						
The Instruction	1 Total pages Sche	dule G:				
2 FILER NAME GEORG	SE M. PROVOST	3 ACCOUNT # (E#	ics Commission filers)			
4 Date 5/2/01	5 Payee name X-Lro Copy 6 Payee address: City: State: Zip Code 6151 NW Loop 410 San Antonio, TX 78226		8 Amount (\$) 151.03			
	7 Purpose of expenditure (See instructions regarding type of information of Campaign Brochvies	required.)	Reimbursement from political contributions intended			
5/2/01	Payee name Master Mailing Service Payee address: City: State: Zip Code 8 85 2 Broadway San Antonio, Tx 78217-631 Purpose of expenditure (See instructions regarding type of informations Mailing for brockers		Reimbursement from political contributions			
5/13/01	Payee name Master Mailing Service Payee address: BCity: State: Zip Code 8852 Broadway San Antonio, TX 78217-6		Amount (\$)			
	Purpose of expenditure (See instructions regarding type of information of Mailing fees	required.)	Reimbursement from political contributions intended			
Date	Payee name		Amount (\$)			
	Purpose of expenditure (See instructions regarding type of information	required.)	Reimbursement from political contributions intended			
Date	Payee name		Amount (\$)			
	Purpose of expenditure (See instructions regarding type of information and the second	required.)	Reimbursement from political contributions intended			
	ATTACH OF THIS FORM	M AS NEEDED				

PAYME TO A BI	NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS		SCHEDULE H
The Instruction	Guide explains how to complete this form.		1 Total pages Schedu	ıle H:
2 FILER NAME George	ge M. PROVOST		3 ACCOUNT # (Ethics	Commission filers)
4 Date	5 Business name 6 Business address; City; State; Zip Code			Amount (\$)
8 Purpose of payr required.)	ment (See instructions regarding type of information	9 ·· Complete Candidate / Officeho	e if direct expenditure to Ider name Cffi	benefit C/OH •• oa sought Office neld
Date	Business name			Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information	Complete Candidate / Officehol	a if direct expenditure to lider name Office	benefit C/OH ** œ sought Office held
Date	Business name Business address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	nent (See instructions regarding type of information	Complete Candidate / Officehol	if direct expenditure to to der name Office	penefit C/OH pe sought Office held .
Date	Business name Business address; City: State: Zin Code			Amount (\$)
	Business address; City; State; Zip Code		-	
Purpose of payr required.)	nent (See instructions regarding type of information	•• Complete Candidate / Officehol	e if direct expenditure to b der name Offic	penefit C/OH ↔ pe sought Office held
	OINO ING NAS ATTACH ADDITIONAL COPIE	S OF THIS FORM A	AS NEEDED	

NON-POLITICAL EXPENDITURES

SCHEDULE !

MADE FROM POLITICAL CONTRIBUTIONS			
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sche	dule I:
2 FILER NAM Geor	ge M. PROVOST	3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Payee name		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of info	ormation required.)	
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of info	ormation required.)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of info	ormation required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of infe	ormation required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of info	1007	
	ATTACH ADDITIONAL WOFIES OF THE VIEW AND		

CREDI	TS (optional)	SCHEDULE K
The Instructi	ON GUIDE explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAM	rge M. PROVOST	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name	8 Amount (\$)
NIA	6 Payor address; City: State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City: State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
	Z++€ € +85 1887 1897	
	MROF SHIT TO CHIND HOATTA	AS NEEDED

CANDIDA' CAMPAIG	TE/OFFICEHOLDER N FINANCE REPORT	RECEIVE CITY OF SAN A	FORM C/OH
The C/OH INSTRUCTION this form.	N Guide explains how to complete	1 ACCOUNT ≠ (Ethics Commission filers)	2 Total pages fled:
3 CANDIDATE / OFFICEHOLDER NAME	GEORGE	M	OFFICE USE ONLY
	MIKE PROVOST	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS 170 BCX: APT / SUITE # CITY 267 HARROW DR, SAI	Y: STATE: ZIP CODE	
Change of Address		78227	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE PHYLLIS	мі	
194112	NICKNAME LAST	SUFFIX	Receipt # Amount Date Processed
	PROVOST	·	Oate Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE 267 HARROW DR, S		ZP CODE X 78227
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 673-9924	extension	
8 REPORTTYPE	January 15 30th day before election 3th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only)
0. 757:00	M	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	3/27/2001 THROUG	6H 4/25/	12001
10 ELECTION	ELECTION DATE Month Day Year 5/5/2001 Primary	Runoff	General Special
11 OFFICE	OFFICE HELD (if arry)	2 OFFICE SCUGHT (1 known) City Counci	1 District 4
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expending candidates are required to disclose this information only 	itures made by others without the candi y if they receive notification of the direct	date's prior consent or approval. campaign expenditure. ••
BY OTHER INDIVIDUALS	Name	<u>-</u>	
	Address / PO Box; Apt. / Suite #; City: State: Zio	Code	
additional pages			
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	RECEIVE	OVER SHEET PG 2	
14 COH NAME GEORGE	M. PRO		TONIO ACCOUNT #(Ethics Commession Rens)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / discondition. These expenditures this information only if they receive notice of such expenditures.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ACORESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
T NO DEPOSTABLE				
17 NO REPORTABLE ACTIVITY	Check here if i	no reportable activity occurred during this reporting period. (Sign affidavit below a	and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ O	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <i>(</i>)	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2295.12	
OUTSTANDING LOAN TOTALS	5. TOTAL P	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$3,006.69	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Cardidate or Officeholder				
AFFIX NOTARY STAMP	_	the said George M. PROVOST to	25.H	
of		ify which, witness my hand and seal of office.	nis the day	
Signature of officer adr	DUC nihistering oath	Melindu S. Lupez No Printed name of officer administering oath Title of	officer administering oath	

POLITIC OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	CITY	SCHEDULE A1 MS. CIOH, CIOH, SS. SC-CIOH, SOCREDE SHIPE, DSPAC-SS) OF SAH ANTONIO
The Instruction	Guide explains how to complete this form.		ļ	SCHERK ACLERN
2 FILER NAME GEORG	E M. PROVOST		3 ACCOUNT TE	ina Commassion filers) 9:54
4 Date	5 Full name of contributorout-of-state PAC :ID#: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occur	pation (Optional)	10 Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	
Oate	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC (ICH: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	ai)	
Oate	Full name of contributor Out-of-state PAC (ID#:	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation (Optional)	Employer (Option	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDG	SED CONTRIBUTIONS		SCHEDULE B1
		CITY OF SAN	ANTONIO
	TION GUIDE explains how to complete this form.	1 Total pages 2001 4PR 2C	this Schedule 31:
	GE M. PROVOST	3 ACCOUNT:	Ethics Commission filers)
4 TC	OTAL OF UNITEMIZED PLEDGES: ⇒	ə ə ə ə ə	\$
5 Date	6 Full name of pledgorout-of-state PAC (IC#:	8 Amount of pledge (\$)	9 In-kind description (if applicable)
N/A	7 Pledgor address; City; State: Zip Cod	e	! !
10 Principal occ	cupation (optional)	11 Employer (optional)	
Date	Full name of pledgorout-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod	e	
Principal occ	cupation (optional)	Employer (optional)	
Date	Full name of pledgorout-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	cupation (optional)	Employer (optional)	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	cupation (optional)	Employer (optional)	
Oate	Full name of pledgorout-of-state PAC (ID#:	Amount of pledge_(\$)	In-kind description (if applicable)
Principal occ	cupation (optional)	Employer (optional)	

LOANS			SCHEDULE E
		RECEIVED CITY OF SAN ANTO	ua
The Instruction Guid	e explains how to complete this form.	17 Total page Scne	idule ā:
2 FILER NAME GEORGE	M. PROVOST	2001 APR 25 A 9: ACCOUNT # (EM	ikis Commission filers)
4 TOTA	OF UNITEMIZED LOANS:	ə ə ə ə ə	\$
5 Date of loan 2/10/01	7 Name of lender GEORGE M. PRO	Out-of-state PAC (ID#:)	9 Loan Amount (\$) 711, 27
6 Is lender a financial Institution? Y	8 Lender address: City: State: 267 HARROW DK	SAN ANTONIO, TX 78227	10 Interest rate A 11 Maturity date A
12 Description of Collate	ral		7.1
13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	- Zip Code	
17 Principal Occupation		18 Employer	,
Date of loan 4/11/2001	Name of lender GEORGE M. PG	OVOST	Loan Amount (5) 2295, 42
Is lender a financial Institution?	Lender address; City: State; 267 HARROW DR, 5	Zip Code SAN ANTONIO, TX 78227	Interest rate A Maturity date
Description of Collate	ne!		N/A
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code	
Principal Occupation	-	Employer -	-
if lender		OPIES OF THIS FORM AS NEEDED truction guide for additional reporting	requirements.

POLITI	CAL EXPENDITURES	SCHEDULE F
		RECEIVED
The INSTRUCTE	Guide explains how to complete this form.	OTY CLERK pages Scriedule F:
2 FILER NAM GEOP	GE M. PROVOST	2001 APR 253 ACCOUNTS Lightness Commission flors)
4 Oate	5 Payee name	7 Amount (\$)
N/A	6 Payee address; City; State; Zip Code	
8 Purpose of par required.)	yment (See instructions regarding type of information	9 ··· Complete if direct expenditure to benefit C/OH ··· Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of par required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Cffice held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
		-
Purpose of par required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED

Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE G RECEIVED CITY OF SAN ANTONIO CITY CLERK MADE FROM PERSONAL FUNDS 2001 APR 25 A 9: 54 The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) GEORGE M. PROVOST Amount Xero Copy 6 Payee address: City: State: Zip Code 4/11/2001 6151 NW Loop 410 San Antonio, Tx 78226 (\$) 539,38 7 Purpose of expenditure (See instructions regarding type of information required.) Brochuke CoBies for Campaign Reimbursement from political contributions intended Oate Amount Master Mailing Service Payee address: City: State: Zip Code 8852 Broadway San Antonio, TX 78217-6318 1,306.58 4/17/2001 Purpose of expenditure (See instructions regarding type of information required.) Postage for 8,556 pieces Reimbursement , from political contributions intended Date Payee name Heritage Neighborhood Association Payee address: City: State: Zip Code Amount (\$) 150,00 4/18/2001 Purpose of expenditure (See instructions regarding type of information required.) NEWS/LHTER Q Reimbursement from political contributions intended Amount Master Mailing Service Payee address: City: State: Zip Code Payee address: City: State: Lip Coll. 8852 Broadway San Antonio, Tx 78217-6318 Purpose of expenditure (See instructions regarding type of information required.) Mailing fees (folding, Addressing, sorting to delivery to fost office) 299,46 4/23/2001 Reimbursement from political contributions intended Payee name **Amount** (\$) Pavee address: City; State: Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYME TO A BI	NT FROM POLITICAL CONT JSINESS OF C/OH	RIBUTIONS RECEIVED CITY OF SAN ANTONIO	SCHEDULE H
		CITY CLERK	
The изтвистю	Guipe explains how to complete this form.	1 Total pages Schedu 7001 APR 25 A 9: 54	1
2 FILER NAME GEORGI	O -	3 ACCOUNT ≠ (Ethics	(Commission flers)
4 Date	5 Business name	7	7 Amount (\$)
N/A	6 Business address; City; State; Zip Code		
8 Purpose of payr required.)	ment (See instructions regarding type of information	9 Complete if direct expenditure to Candidate / Officeholder name Offi	benefit C/OH ce sought Office neid
0	Business name		
Date	ousiness name		Amount (\$)
	Business address; City State 7in Code		
	Business address; City; State; Zip Code		
Purpose of payr	ment (See instructions regarding type of information	Complete if direct expenditure to	benefit C/OH
required.)		1	ce sought Ciffice held
Oate	Business name		Amount (\$)
	Business address; City; State; Zip Code		
Purpose of payr required.)	ment (See instructions regarding type of information	~ Complete if direct expenditure to t Candidate / Officeholder name Office	penefit C/OH → pe sought Office held
		·	
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code		
	,, <u> </u>	<u>-</u>	
Purpose of payr required.)	ment (See instructions regarding type of information	→ Complete if direct expenditure to to Candidate / Officeholder name Officeholder name	penafit C/OH pe sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

NON-PO	CLITICAL EXPENDITURES ROM POLITICAL CONTRIBUTIONS	SCHEDULE RECEIVED
		OF SAN ANTONIO
The Instruction	Guioe explains how to complete this form.	Tatal pages talenedule I:
2 FILER NAME GEOR	BE M. PROVOST	BR ACCOUNTS (Estacodalmission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information rec	uired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information rec	(uired.)
Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code Purpose of expenditure (See instructions regarding type of information rec	uired.)
Date	Pay ee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information red	uired.)
Oate	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<u></u>
	Purpose of expenditure (See instructions regarding type of information rec	quired.)
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED

CREDI	TS (optional) RECEIVED CITY OF SAN ANTO CITY CLERK	SCHEDULE K
	Guide explains how to complete this form. 2001 APR 25 A 9:	idule K:
2 FILER NAM	RGE M. PROVOST	
4 □ate	5 Payor name 6 Payor address; City; State: Zip Code 7 Reason for credit	8 Amount (S)
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	·
Date	Payor name	Amount (\$)
	Reason for credit	
Oate	Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City: State; Zip Code	Amount (\$)
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	

			FORM C/OH - FR				
	DES	IGNATION OF FINAL REPORT	CITY OF S	EIVED San antonio			
	The in:	struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Re	CIT TOO TOO	DE A O-EE			
1	C/OH N	AME	- LOUI AFT Z	Z ACCOUNT#(Ethics Commission Rens)			
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		<u>-</u>	Signature o	f Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are a candidate					
	A.	CAMPAIGN FUNDS					
	Check	conly one:					
		I do not have unexpended contributions or unexpended interest or income of	earned from politic	al contributions.			
		I have unexpended contributions or unexpended interest or income earned fit convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longer understand that I must dispose of unexpended political contributions and contributions in accordance with the requirements of Election Code, § 254.26	e earned on politic as and that I may no than six years after I unexpended inte	cal contributions to personal use. I not retain unexpended contributions or filing this final report. Further, I			
	в.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other	her income from po	olitical contributions.			
		I do retain assets purchased with political contributions or interest or other is may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political Election Code, § 254.204.	other income from	n political contributions to personal			
		-	Sign	ature of Candidate			
5	OFFIC	EHOLDER		= -			
		plete this section <i>only</i> if you are an officeholder					
		I am aware that I remain subject to filling requirements applicable to an officeho	older wha does not	have a campaign treasurer on file.			
		-	Signa	sture of Officeholder			

CANDIDAT CAMPAIGI		FORM C/OH Cover Sheet pg 1		
The C/OH INSTRUCTION this form.	Guide explains how to complete (Ethics (UNT # Commission (ilers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	ITTLE FIRST CEORGE NICKNAME LAST MIKE PROVOST	MI M SUF≓IX	OFFICE USE ONLY Oate Received Oate Received OATE CETY	
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	267 HARROW DR, SAN	STATEL ZIP CODE ANTONIO, TX 78227	Date Hand-delivered or Sate Postmented	
5 CAMPAIGN TREASURER NAME	PHYLLIS NICKNAME LAST PROVOST	SUFFIX	Receipt # Amount Oate Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 267 HARROW DR, SAN A/	CITY: STATE: VFOW10, TX	ZIP CODE 78227	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 673-9924	EXTENSION		
8 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year 1 / 0 1 / 2001 THROUGH	Month Day 3 /26	Year 2001	
10 ELECTION	ELECTION DATE Month Day Year 5/5/2001 Primary	Runoff 🖳	General Special	
11 OFFICE	OFFICE HELD (if any) 12	OFFICE SOUGHT (if known	ELL DISTRICT 4	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made Candidates are required to disclose this information only if they red Name Address / PO Box: Apt. / Suite #: City: State: Zip Code	by others without the can eive notification of the dire	didate's prior consent or approval.	
additional pages				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			OOVER ONEET PG 2			
4 C/OH NAME GEORGE	M. PR	ovosT	15 ACCOUNT #(Ethics Commission flars)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	C11 Y			
	GENERAL	COMMITTEE ADDRESS	APA CITIES			
	COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	N. OMIC			
			12			
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ O -			
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 711.27			
OUTSTANDING LOAN TOTALS	5. TOTAL I LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 711,27			
19 AFFIDAVIT						
		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.				
MELISSA AREVALO NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 06-28-2004 Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE (CODING M Drovact 2 rd)						
Sworm to and subscribed before me, by the said 10000 11. POVOSC, this the day of 1000, 20, to certify which, witness new hand and seal of office.						
Signature of officer ad	Arualo	Melissa Arevalo No	of officer administering oath			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH. C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) Total pages this Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) GEORGE M. PROVOST 7 Amount of In-kind contribution contribution (\$) description (if applicable) 6 Contributor address: City; State; Zip Code Principal occupation (Optional) 10 Employer (Optional) in-kind contribution Date Full name of contributor Out-of-state PAC (ID#: Amount of description (if_applicab contribution (\$) Contributor address; City; State; Zip Code Principal occupation (Optional) Employer (Optional) Date Full name of contributor In-kind contribution Amount of Out-of-state PAC (ID#:_ contribution (\$) description (if applicable) Contributor address; City; State; Zip Code Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) Contributor address; City; State; Zip Code Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor Out-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) Contributor address: City; State; Zip Code Principal occupation (Optional) Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGE	D CONTRIBUTIONS		(FOR FORMS C/OH,	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)
The Instruction	N Guide explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAME GEOR	GÉ M. PROVOST		3 ACCOUNT # (Et	nics Commission filers)
4 TOT/	AL OF UNITEMIZED PLEDGES: ⇒	⇔ ⇒ ⇒	ə ə	201
5 Date	6 Full name of pledgorout-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description SAN ANTON PR - 3 P 2
10 Principal occup	nation (optional)	11 Employer (options	ai)	12
Date	Fuil name of piedgor out-of-state PAC (ID#: Piedgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	l sation (optional)	Employer (options	ai)	
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	ation (optional)	Employer (options	ai)	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (îf applicable)
Principal occup	l pation (optional)	Employer (options	ai)	
Date	Full name of piedgor out-of-state PAC (ID#: Piedgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (options	ai)	·
if contr	ATTACH ADDITIONAL COPIE			ing requirements.

LOANS				SCHEDULE E	
The Instruction Guide explains how to complete this form.					
2 FILER NAME GEORGE	M. PROVOST		3 ACCOUNT # (Eth	ics Commission filers)	
4	OF LINETENANTE LOCALITY	\$ \$ \$ \$	n n	\$ Ø	
5 Date of loan 2/10/01	7 Name of lender GEORGE M. PRO	out-of-state PAC (ID#:		9 Loan Amount (\$) 7/1, 27	
6 Is lender a financial Institution?	8 Lender address; City; State; 267 HARROW DR	SAN ANTON	10,TX	10 interestrate	
Y (0)		7	8227	11 Maturity date	
12 Description of Collate	ral			CIT*	
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guerrant ST	
not applicable	15 Guarantor address; City; State;	Zip Code		CLERK CLERK	
17 Principal Occupation		18 Employer)NIO 2: 12	
Date of loan	Name of lender	out-of-state PAC (ID#;)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City; State; 2			interest rate	
Y N				Maturity date	
Description of Collate	a				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State;				
Principal Occupation	-	Employer	<u>-</u>	£ -	
lf lender	ATTACH ADDITIONAL COis out-of-state PAC, please see insti			requirements.	

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	Guide explains how to complete this form.		Total pages S	Schedule F:
2 FILER NAME GEOR	GE M. PROVOST		3 ACCOUNT #	(Ethics Commission filers)
4 Oate	5 Payee name			7 Amount (\$)
N/A	6 Payee address; City: State; Zip Code			CITY OF CITY OF APA
required.)	ment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder nar		benefit C/OH - VS CIT
Date	Payee name Payee address; City; State; Zip Code			Amblunt No 22
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nam		benefit C/OH •• fice sought Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of payrequired.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nan		benefit C/OH fice sought Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nan		benefit C/OH fice sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED	_

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	Guipe explains how to complete this form.	1 Total pages Sche	dute G:			
2 FILER NAME GEOR	2 FILER NAME GEORGE M, PROVOST 3 ACCOUNT # (EM)					
4 Date	Allied Advertising Inc. 6 Payee address: City: State: Zip Code					
2/16/01	Payee name HOME DEPOT Payee address: City: State: Zip Code 611 SW LOOP 410 SAN ANTONIO, TX Purpose of expenditure (See instructions regarding type of information req Nails, tage, glue for Signs	uired.)	Amount CIT KOF SAN TO THE CONTROL OF			
2/17/01	Payee name SUPER K Store 3992 Payee address; City; State; Zip Code LOOB 410 SAN ANTONIO, TX 78227 Purpose of expenditure (See instructions regarding type of information required for the first and the second state of the second	uired.)	Amount 35 4 9 5 . 6 9 Reimbursement from political contributions intended			
2/23/01	Payee name City of San Antonio Payee address; City; State; Zip Code MUNICIPAL BUILDING SAN ANTONIO, TX 78207 Purpose of expenditure (See instructions regarding type of information rec	quired.)	Amount (\$) / O O , O O Reimbursement from political contributions intended			
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information req	 uired.)	Amount (\$) Reimbursement from political			
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	contributions intended			

PAYMEI TO A BI	NT FROM POLITICAL CONTI JSINESS OF C/OH	RIBUTIONS		SCHEDU	LE H
The Instruction	The Instruction Guide explains how to complete this form. 1 Total pages Sche			edule H:	
2 FILER NAME GEORG	SE M. PROVOST		3 ACCOUNT # (Et	nics Commission filers)	
4 Date	5 Business name			7 Amoui (\$)	nt
N/A	6 Business address; City; State; Zip Code			2001	CITY
8 Purpose of payment (See instructions regarding type of information required.) 9 • Complete if direct expenditure Candidate / Officeholder name			to benefit C/OFIG- Office sought	RECEIVED OF SAN AN CIBY CLERK	
Date	Business name Business address; City; State; Zip Code			Amaur (\$)	OINO
	City, State, Zip Code				
Purpose of payr required.)	nent (See instructions regarding type of information	Complete Candidate / Officehol	e if direct expenditure (to benefit C/OH Office sought	Office held
Date	Business name			Amour (\$)	ut
	Business address; City; State; Zip Code				
Purpose of payr required.)	nent (See instructions regarding type of information	Complete Candidate / Officehol	if direct expenditure t der name	to benefit C/OH Office sought	Office held
Date	Business name			Amour (\$)	it
	Business address; City; State; Zip Code			÷	-
Purpose of payr required.)	nent (See instructions regarding type of information	Complete Candidate / Officehol	e if direct expenditure to der name	to benefit C/OH ** Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM A	AS NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruc	THON GUIDE explains how to complete this form.	1 Total pages Sche	edule i:	
FILER NA	RGE M. PROVOST	3 ACCOUNT # (Et	thics Commission filers)	
1 Date	5 Payee name		8 Amor	
NA	6 Payee address; City; State; Zip Code		2001 APR -3	CITY OF S
	7 Purpose of expenditure (See instructions regarding type of information req	uired.)	<u> </u>	AN AN OLER
Date	Payee name		App.	unt Q
	Payee address; City; State; Zip Code		12	5
	Purpose of expenditure (See instructions regarding type of information req	uired.)		
Date	Date Payee name		Amor (\$)	
	Payee address; City; State; Zip Code			
	Purpose of expenditure (See instructions regarding type of information req	uired.)		
Date	Payee name		Amo	
	Payee address; City; State; Zip Code			
	Purpose of expenditure (See instructions regarding type of information req	uired.)		
Date	Payee name		Amo (\$)	
	Payee address; City; State; Zip Code	<u>-</u>	:	
	Purpose of expenditure (See instructions regarding type of information req	uired.)		
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED		

CRED	ITS (optional)		SCHEDULE K
The інэткист	non Guide explains how to complete this form.	Total pages Sch	nedule K:
2 FILER NAI	GE M. PROVOST	ACCOUNT # (E	Ethics Commission filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code		8 Amount CITY OF S
Date	7 Reason for credit Payor name		Amount
	Payor address; City; State; Zip Code		ED ANTONIO ERRY 2: 12
	Reason for credit		
Date	Payor name		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)
Date	Payor name	<u>-</u>	Amount (\$)
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR **DESIGNATION OF FINAL REPORT**

	The Instruction Guide explains how to complete this form. — Complete only if "Report Type" on page 1 is marked "Final Report" —					
1	C/OH N	AME	2 ACCOUNT #(Etnics Commission flors)			
			2001			
3	SIGNA	TURE	OF S/ CITY APR -			
I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand the a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept a contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Office						
4		WHO IS NOT AN OFFICEHOLDER blete A & B below only if you are a candidate ↔				
	A.	CAMPAIGN FUNDS				
	Check	only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political	al contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on political so understand that I must file an annual report of unexpended contributions and that I may nor unexpended interest or income earned on political contributions longer than six years after understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest contributions in accordance with the requirements of Election Code, § 254.204.	al contributions to personal use. I to retain unexpended contributions or filing this final report. Further, I			
	В.	ASSETS				
	Check	conty one:				
		I do not retain assets purchased with political contributions or interest or other income from po	olitical contributions.			
		I do retain assets purchased with political contributions or interest or other income from political may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	n political contributions to personal			
		,				
		Sign	ature of Candidate			
5	OFFIC	EHOLDER	- c ~			
	Com	elete this section <i>only</i> if you are an officeholder ! am aware that I remain subject to filing requirements applicable to an officeholder who does not I	nave a campaign treasurer on file.			
		Since Since	iture of Officeholder			
		Signa	in a di dinadinada.			